

EQUALITY IMPACT ASSESSMENT

Public Health, Office of the Director of Public Health



PLYMOUTH
CITY COUNCIL

STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

This EIA considers the implication of a redesigned system for sexual and reproductive health services in Plymouth. It is proposed that a new Integrated Sexual and Reproductive Health Service is in place from October 2017.

Sexual health is an important public health priority. Good sexual and reproductive health is an essential component of positive health and wellbeing. The consequences of poor sexual and reproductive health, including sexually transmitted infections (STIs) and unplanned pregnancies can have a lasting impact on people's lives. STIs are communicable diseases and as such require effective clinical services and public health interventions to prevent onward transmission.

Investing in sexual health services can deliver significant cost savings for the NHS and local authorities. Quality services and interventions that focus on prevention, screening and prompt treatment and partner notification can control disease prevent unwanted pregnancies and avoid costly health complications and treatments.

Healthy Lives Healthy People – Our Strategy for Public Health in England, 2010 stresses the need for an accessible integrated model of sexual health service delivery at a local level. The Public Health Outcomes Framework includes the following indicators;

- Under 18 conceptions
- Chlamydia diagnoses 15 – 24 year olds
- People presenting with HIV at a late stage of infection

Currently sexual and reproductive health services are commissioned between the Local Authority, the CCG and the NHS Commissioning Board. There is an acknowledgement that these commissioning arrangements have the potential to fragment treatment pathways and destabilise integrated approaches to sexual and reproductive health and HIV services. In response to this

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	<p>Public Health England has published guidance on delivering a local integrated system. Making it Work stresses that ‘whole system commissioning’ based on collaboration and cooperation across the system is necessary to deliver best outcomes for individuals and populations.</p> <p>The proposed Integrated Sexual and Reproductive Health Service in Plymouth represents a transformation of current provision and has been informed through published evidence, direct collaboration and negotiation with specialist providers and a public consultation process, Sexual Health Matters, that received over 600 responses through universal and targeted communications.</p> <p>Key features of the proposed Integrated Sexual and Reproductive Health Service are;</p> <ul style="list-style-type: none">• A clear focus on prevention and self-management through a systematic approach to communication of information and advice including innovative uses of media and marketing techniques to support behaviour change• Improved accessibility by ensuring that services are delivered in the most appropriate settings and at the most convenient times for the population including specific high risk and vulnerable groups such as young people, men who have sex with men and people with multiple and complex needs.• An ‘integrated front door’ with a central telephone number and online system for advice, information, self-management and appointment bookings• A clear focus on optimisation of new treatments and technologies including online testing for sexually transmitted infections• An enhanced focus on cost effectiveness where the service provider(s) share responsibility with commissioners for delivering services within defined budgets and identify opportunities for reducing costs over the term of the contract <p>This transformed service model will ensure that where possible people requiring services are able to address all their sexual and reproductive and HIV needs in one place thus achieving improving outcomes, maximum efficiencies and minimising the need for repeat service attendance.</p>
Responsible Officer	Laura Juett, Public Health Specialist, Plymouth City Council
Department and Service	Public Health, Office of the Director of Public Health, Plymouth City Council
Date of Assessment	11 July 2017 (Updated)

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p>Plymouth currently has a population of 261,574 (Office of National Statistics (ONS) 2014 mid-year population estimates).</p> <p>Due to an estimated 35-40,000 students residing in the city, Plymouth has a much higher percentage of 20-24 year olds than seen nationally, a lower percentage of children across each of the 1-4, 5-9 & 10-14 age brackets, but a higher percentage aged 15-19</p> <p>The burden of sexual infection is carried mostly by young people</p> <p>Young men are a group that are particularly at risk of sexual ill health.</p> <p>The conception rate for under 18s is higher than the England average and higher than six of the</p>	<p>The proposed new service should have a positive impact on access and outcomes for young people.</p>	<p>A panel of young people contributed to the evaluation of the Integrated Sexual and Reproductive Health Service and provided positive feedback on the proposed model.</p> <p>A key part of the redesigned service is directed to improving access for younger people. A new digital service will provide online access to information, advice and online testing for sexually transmitted infections. This will promote a greater focus on prevention and self-management.</p> <p>Walk in services and booked appointments will be available at convenient times across the week and in venues accessible to young people.</p> <p>A number of initiatives including a free condom distribution scheme and</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Working with commissioners they will also link with a broader range of services and provision including Primary Care, Community Pharmacies and education providers to continue to improve access for younger people.</p> <p>Services will be delivered against the national 'Your Welcome' criteria to ensure that they are accessible to young people.</p> <p>Monitoring will be built into regular performance reviews of the Integrated</p>

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	<p>eleven comparator areas, although it is reducing.</p> <p>The Sexual Health Matters Consultation received 361 responses from 16-24 year olds and these have informed the design of the new service.</p>		<p>chlamydia screening programme will specifically be directed to young people.</p> <p>There are on-going discussions with schools and higher and further education establishments focused on improving access to the student population in the city.</p>	<p>Service to ensure that the outcomes required are achieved.</p>
Disability	<p>According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The national value was 8.3</p> <p>There is little intelligence about the specific sexual health needs of people with a disability or learning disability. However, owing</p>	<p>No adverse impact is anticipated. The new service should improve access and outcomes for people with disabilities.</p>	<p>All service venues are required to be accessible to the whole population.</p> <p>A new digital service will provide online access to information, advice and online testing for sexually transmitted infections thus improving overall accessibility.</p> <p>All service changes will be communicated in formats that ensure that people with disabilities are informed of the changes.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Providers will work with the Local Authority to ensure that all changes are communicated clearly and in formats accessible to people with disabilities.</p>

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	<p>to societal attitudes towards disability and sexuality it is likely that these groups will find it harder to access information and services.</p> <p>The Sexual Health Matters Consultation received a number of responses from organisations providing services for people with learning disabilities and these have informed the design of the new service.</p>			
Faith, Religion or Belief	<p>According to the 2011 Census, Christianity is the most common religion in Plymouth. 32.9% of the Plymouth population stated they had no religion. Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less than 1.0%. 0.5% of the population had a current religion, such as Paganism</p>	No adverse impacts anticipated.	All aspects of the proposed Integrated Service are expected to be aware of the potential sensitivities around faith religion and belief.	Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.

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	or Spiritualism.			
Gender - including marriage, pregnancy and maternity	<p>Overall 50.5% of Plymouth's population are female. According to the 2011 Census, of those aged 16 and over 90,765 (42.9%) people are married. There were 3,418 live births in 2012. The number of births has increased annually from 2,547 in 2001, except in 2011 when the number was the same as 2010 (3,280 births in each year).</p> <p>Women are the highest users of contraceptive services and need for access to pregnancy advice and abortion services</p> <p>Young men are particularly at risk of sexual ill-health. Men who have sex with men are more likely to contract an STI.</p> <p>Sex workers who are</p>	The proposed new service should have a positive impact on access and outcomes for young people	<p>The new Integrated Service will improve access for the whole population.</p> <p>Walk in services and booked appointments will be available at convenient times across the week and in accessible venues.</p> <p>A new digital service will improve overall access to sexual and reproductive health services.</p> <p>Gender specific services for men and women will be provided where specific needs indicate. This includes the provision of outreach contraception for vulnerable women and women with multiple and complex needs and prevention and outreach services for men who have sex with men.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues relating to gender are identified and responded to appropriately</p>

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	predominantly women are at risk of sexual ill-health and often do not access services			
Gender Reassignment	<p>In 2010 it was estimated nationally that the number of gender variant people presenting for treatment was around 12,500. Of these, around 7,500 have undergone transition. There is no precise number of the trans population in Plymouth.</p> <p>There is some evidence that trans people experience difficulties accessing services and information and experience poorer health outcomes.</p>	No adverse impacts anticipated.	<p>The new Integrated Service is designed to improve access for the whole population.</p> <p>Walk in services and booked appointments will be available at convenient times across the week and in accessible venues.</p> <p>A new digital service will improve overall access to sexual and reproductive health services.</p> <p>The Integrated Service is expected to respond appropriately to the needs of trans people and staff will engage with training where appropriate.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>
Race	According to the 2011 Census 92.9% of Plymouth's population	The proposed new service should have a positive impact on	A key part of the redesigned service is directed to improving access for the	The proposed changes will be developed from the start of the contract in

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	<p>considered themselves White British. This is significantly higher than the England average (79.8%). 7.1% considered themselves Black and Minority Ethnic (BME) with White Other (2.7%), Chinese (0.5%) and Other Asian (0.5%) the most common ethnic groups. Despite the small numbers Plymouth has a rapidly rising BME population which has more than doubled from 7,906 individuals since the 2001 census.</p> <p>People from African communities are at increased risk of sexual ill-health including sexually transmitted infections and HIV.</p> <p>There is no data on the specific sexual health needs of asylum seekers in Plymouth, but it is known</p>	<p>access and outcomes for people from Black Minority Ethnic communities</p>	<p>whole population.</p> <p>A new digital service will provide online access to information, advice and online testing for sexually transmitted infections – thus improving accessibility to testing for people from BME communities.</p> <p>Some outreach and community engagement services will be directed to BME communities including the international student community.</p>	<p>October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>

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	that these people generally have difficulty in accessing services, for example language barriers.			
Sexual Orientation -including Civil Partnership	<p>There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth but it is nationally estimated at 5.0% to 7.0%. This would mean that approximately 13,300 people aged 16 years and over in Plymouth are lesbian, gay or bi-sexual.</p> <p>Men who have Sex with Men (MSM) experience high rates of sexually transmitted infections.</p> <p>MSM are the group most likely to be affected by HIV in the UK.</p>	The proposed new service should have a positive impact on access and outcomes for people from LGBT communities.	<p>A key part of the redesigned service is directed to improving access for the whole population including people from LGBT communities.</p> <p>A new digital service will provide online access to information, advice and online testing for sexually transmitted infections – thus improving accessibility to testing for people from LGBT communities.</p> <p>Some outreach and community engagement services will be directed to LGBT communities.</p> <p>Specific support will be provided for people affected by HIV.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken

Local Priorities	Implications	Timescale and who is responsible?
<p>Reduce the inequality gap, particularly in health between communities.</p>	<p>The council has a responsibility under the Health and Social Care Act 2012 and The Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to provide confidential, open access sexual health services for the population of Plymouth. These services must be available to all people in the area, whether resident or not.</p> <p>There is a clear relationship between sexual ill health, poverty and social exclusion. Poverty is also a key risk factor in teenage pregnancy.</p> <p>There are specific populations who are at risk of sexual ill-health such as young people, men who have sex with men, people from African communities and sex workers.</p> <p>This proposed Integrated Sexual and Reproductive Health Service provides an accessible service to support people to stay healthy with an enhanced focus on primary prevention, early intervention and planned care.</p> <p>In terms of health inequalities the Integrated Service will target prevention and promotion initiatives to communities more at risk of poorer sexual and reproductive health outcomes. Specific actions to reduce inequalities will include ensuring services are offered in appropriate settings; increasing testing for STIs in high risk populations and geographical areas where there are low detection rates; and increasing</p>	<p>The Integrated Service contract will start from October 2017 and will be delivered by a collaborative of experienced Providers. They will work closely with Commissioners and service users and other stakeholders to ensure that the service is responsive to local need.</p> <p>Specific targeted outreach services will be directed to those at most risk of poor sexual and reproductive health outcomes.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>

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	prevention and outreach in areas of high need.	
Good relations between different communities (community cohesion).	This Integrated Service is provided for the whole population. However some specific individuals and communities are at higher risk of poorer sexual and reproductive ill-health. It is important that the providers of this service understand the needs of communities and take pro-active steps to promote the service using universal and targeted communications.	Details of the new Integrated Service will be communicated through various routes to ensure that the population is aware of changes, opening times and access points. All service changes will be communicated in formats that are accessible to the whole population. Specific outreach and engagement will take place with key organisation and stakeholders to promote details of the new Integrated Service.
Human Rights	Good sexual and reproductive health is an essential component of positive health and wellbeing. The consequences of poor sexual health, including sexually transmitted infections (STIs) and unplanned pregnancies can have a lasting impact on people's lives. It is fundamental to human rights that people have access to information and services that allow them to lead a healthy sexual and reproductive life, regardless of gender, sexuality, marital status, race, age, disability or any other of the protected characteristics	The Integrated Service provides enhanced access to the whole population in Plymouth.

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.	Ruth Harrell, Director of Public Health, Plymouth City Council	Date	11 th July 2017